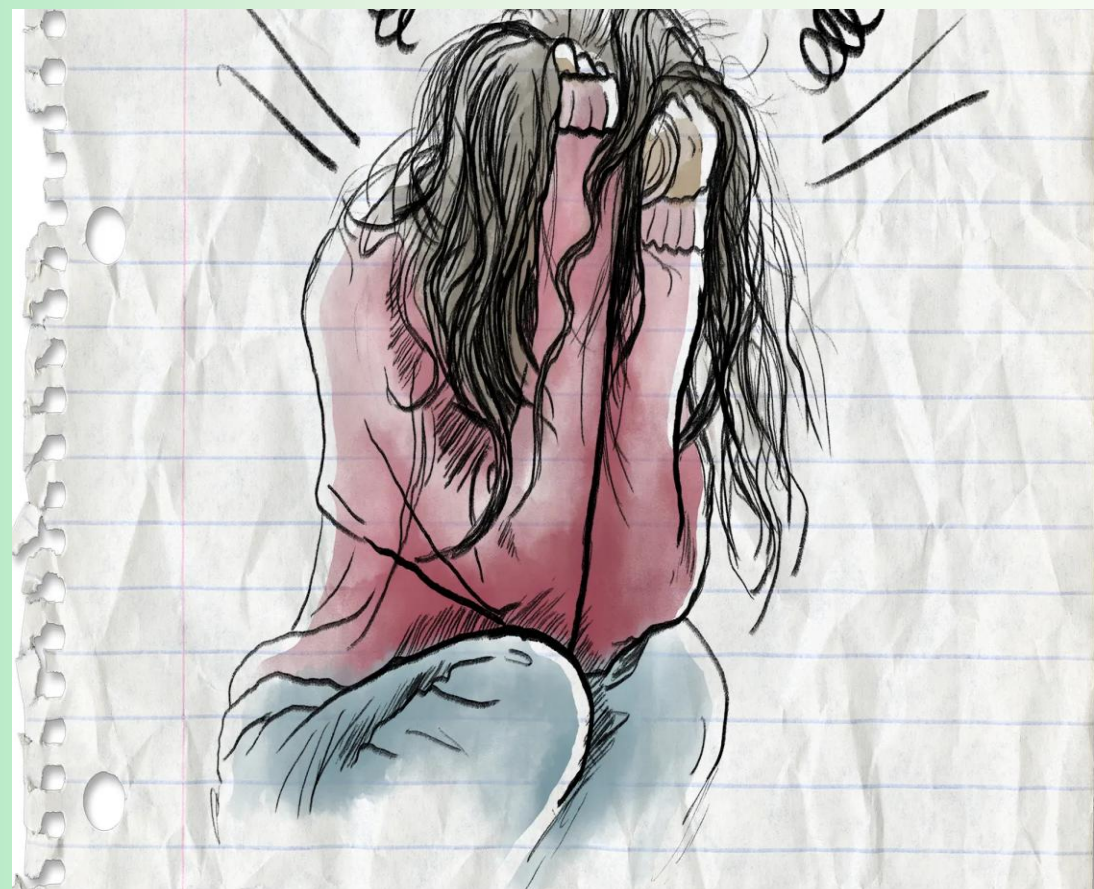




BRIDGES TO MENTAL HEALTH

# Assessment and Phenomenology of Anxiety



**SPOILER  
ALERT!**

- Anxiety children, adolescents, & adults is *common, identifiable* and *treatable*
- There are risk in not treating
- Doing nothing is **not** an option

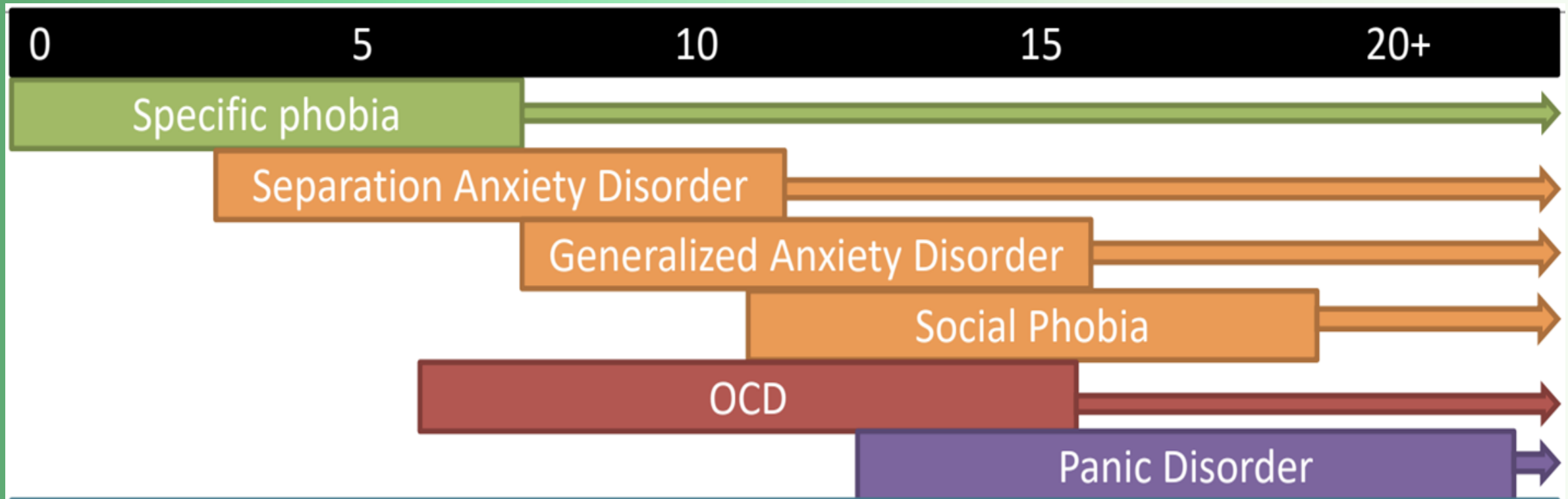


# Extraordinary Prevalence

- Approx 34% in the US
- Most common mental health disorders worldwide
- **Highly treatable (fewer than 40% of people with anxiety get help)**
- **Women > Men**
- Anxiety disorders often begin **early**

Szuhany and Simon, 2022; Silove and Rees, 2014; Schiele et al., 2020; Haggerty et al., 20

# Anxiety and OCD Typical Age of Onset



# Most Common Anxiety Disorders...

- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Panic Disorder
- Phobias (Specific Phobia)
- ~~Separation Anxiety Disorder (especially in children)~~



# Lifetime Prevalence

- Specific phobia: 12.5%
- Social anxiety disorder: 12.1%
- Generalized anxiety disorder (GAD): 5.7%
- Panic disorder: 4.7%

# Prevalence of Adult Anxiety Disorders



Table 2. Lifetime Prevalence of *DSM-IV/WMH-CIDI* Disorders in the Total NCS-R Sample and by Age

	Prevalence, % (SE)					$\chi^2$
	Total	Age, y				
		18-29	30-44	45-59	$\geq 60$	
<b>Anxiety Disorders</b>						
Panic disorder	4.7 (0.2)	4.4 (0.4)	5.7 (0.5)	5.9 (0.4)	2.0 (0.4)	52.6†
Agoraphobia without panic	1.4 (0.1)	1.1 (0.2)	1.7 (0.3)	1.6 (0.3)	1.0 (0.3)	4.5
Specific phobia	12.5 (0.4)	13.3 (0.8)	13.9 (0.8)	14.1 (1.0)	7.5 (0.7)	54.3†
Social phobia	12.1 (0.4)	13.6 (0.7)	14.3 (0.8)	12.4 (0.8)	6.6 (0.5)	109.0†
Generalized anxiety disorder	5.7 (0.3)	4.1 (0.4)	6.8 (0.5)	7.7 (0.7)	3.6 (0.5)	39.9†
Posttraumatic stress disorder‡	6.8 (0.4)	6.3 (0.5)	8.2 (0.8)	9.2 (0.9)	2.5 (0.5)	37.9†
Obsessive-compulsive disorder§	1.6 (0.3)	2.0 (0.5)	2.3 (0.9)	1.3 (0.6)	0.7 (0.4)	6.8
Separation anxiety disorder	5.2 (0.4)	5.2 (0.6)	5.1 (0.6)			0.0
Any anxiety disorder¶	28.8 (0.9)	30.2 (1.1)	35.1 (1.4)	30.8 (1.7)	15.3 (1.5)	89.9†
<b>Mood Disorders</b>						

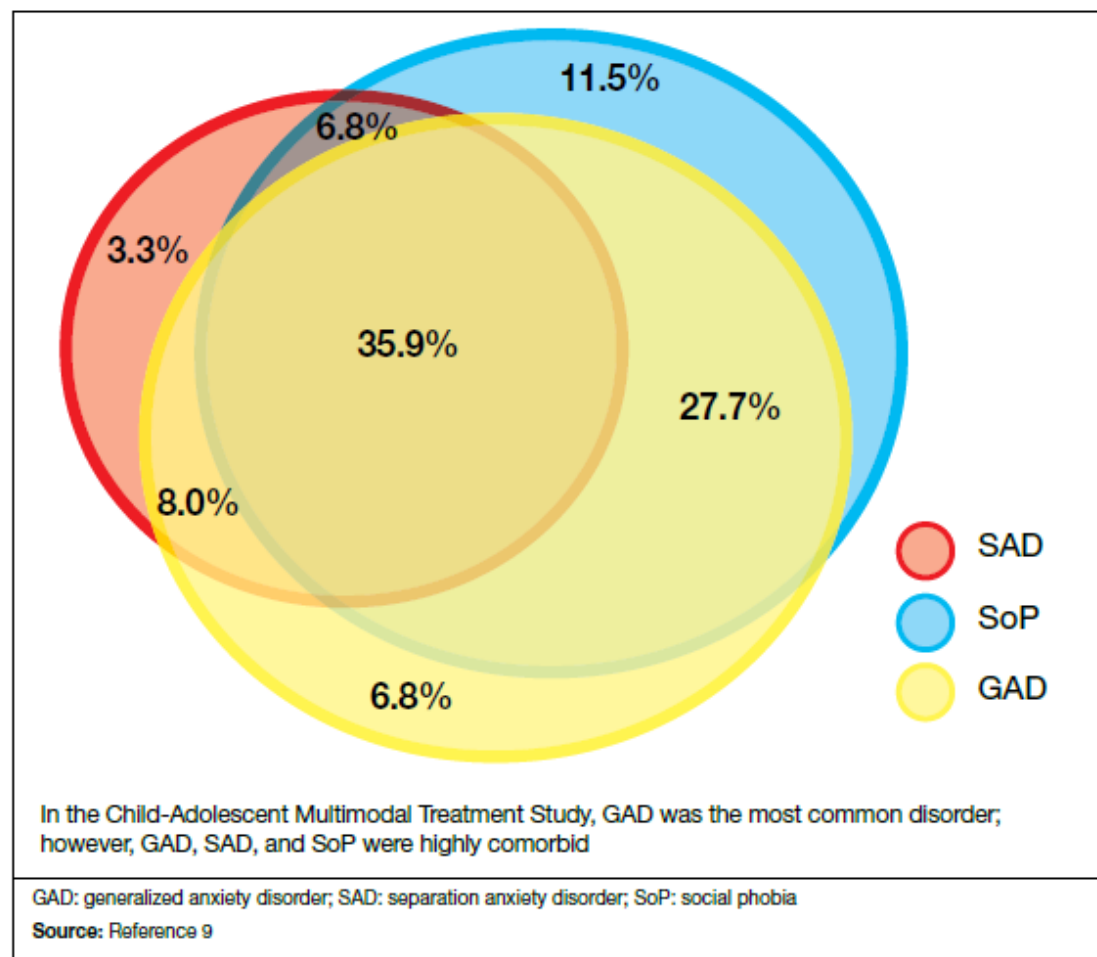
From Kessler et al., Arch Gen Psych, 2005



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# Anxiety Disorders Often Occur Together

The pediatric anxiety disorders triad: Comorbidity is common



Strawn et al., 2012

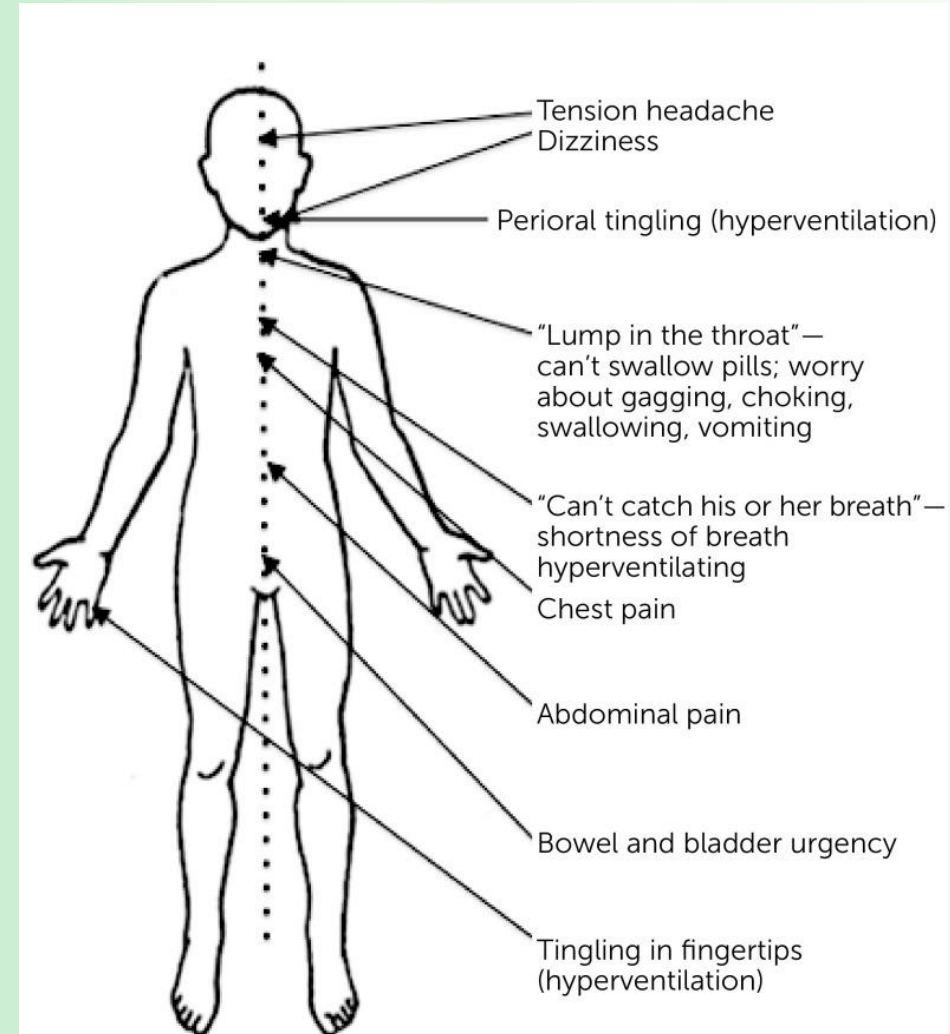
# Physical Symptoms are Common in Anxiety Disorders



## Symptom Recognition: What To Look For

Physical complaints

headaches, stomach aches,  
dramatic presentations of pain



# Specific Phobias

*Marked fear or anxiety about a specific object or situation that is out of proportion to the actual danger*

# Specific Phobia

- **Marked Fear or Anxiety** →
  - + **Avoidance** of the object or situation
  - and/or **endurance with intense fear or anxiety**
  - At least 6 months
- Subtypes: animal, natural environment, blood injury, situational, vomiting
- Very common but often not directly treated
- Previously called simple phobia but not so simple



# Social Anxiety Disorder

*Intense fear of social situations where the individual is exposed to possible scrutiny by others*

# Common Symptoms



**An extreme form of shyness**

**Extreme discomfort - other people/social situations**

**Fear of embarrassment**

**Fear of extreme judgment and criticism**

**Avoid talking to or hanging out in a group**

**Performance situations**

# Social Anxiety Disorder Cont'd

- Anxiety dissipates when away from a social situation (*GAD – persistent*)
- 90% of children with Selective Mutism meet criteria for Social Phobia (specific type of Social Phobia)
- Physical symptoms in social settings (like other anxiety disorders)
- Differential with ASD

# Separation Anxiety Disorder

Excessive fear or anxiety about separation from home or attachment figures

# Separation Anxiety Disorder

**Persistent worry about harm coming to attachment figure(s)**

**Refusal to go out or sleep away from home**

**Can cause significant distress for the parent of a child with Separation Anxiety Disorder**

**In DSM-5 can now be diagnosed in adulthood**

***School Refusal is a common presenting problem***

***Prevalence: 1-2% in adults***

# Generalized Anxiety Disorder

*Chronic, excessive worry in a number of areas with at least one associated somatic symptom*

# Generalized Anxiety Disorder (GAD)



- Chronic, excessive worry in a number of areas with at least one associated somatic symptom
  - Excessive
  - Too long (6 months)
- Unwarranted worry/uncontrolled
- Worry is most often present and not limited to a specific situation or object



# Generalized Anxiety Disorder

- Excessive worry accompanied by (3 of 6)
  - (I CREST) Irritability, Concentration problems, Restlessness, Energy drain/fatigue, Sleep disturbance, muscle Tension
- High need for reassurance/questions
- Often multiple somatic complaints
- Equal gender ratio until adolescence, then women > men



# Panic Disorder

*An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes*

# Common Symptoms



- Physical symptoms
- Fear of the effects of an attack
  - Death/dying
  - Going crazy
  - Loosing control
- Sudden and intense sense of doom - overwhelming
- ‘Out of the blue’ - preoccupation with future attacks
- Marked deviation from normal behavior following the attacks (avoidance)

# Common Symptoms (4>)

- Palpitations
- Sweating
- Trembling
- Shortness of breath
- Choking
- Chest pain
- Nausea
- Faint/lightheaded
- Palpitations
- Chills
- Hot flashes
- Fear of losing control
- Fear of death

# Panic Disorder Cont'd

- Peak age of onset - 15y/o – 19y/o
- Repeated and unpredictable attacks (cued/uncued)
- When the anticipatory fear of another attack is so great and results in fear of leaving home, this is called, *agoraphobia (now separate)*
- Medical Work Up

Join our Pigeonhole to submit your responses

Go to  
**pigeonhole.at**

Enter passcode

**NORFOLK**





📌 Organized poll: Tod Lasso

Session starts in

**02 d 14 h 08 m 48 s**

Post your answers at [pigeonhole.us/WORFOLK](https://pigeonhole.us/WORFOLK)



# Imposters



# Physical Conditions



- Hyperthyroidism
- Migraine
- Asthma
- Seizure disorders
- Lead intoxication

## *Less Common*

- Hypoglycemia
- Pheochromocytoma
- CNS disorder (delirium or brain tumor)
- Cardiac arrhythmias

# Psychiatric Disorders



- **ADHD** (restlessness, inattention)
- **Psychotic disorders** (restlessness and/or social withdrawal)
- **ASD**, (social awkwardness and withdrawal, social skills deficits, communication deficits, repetitive behaviors, adherence to routines)
- **LD** (generate persistent worries about school performance)
- **Depression** (poor concentration, sleep difficulty, somatic complaints)

*Manassis, 2000*

# Substances



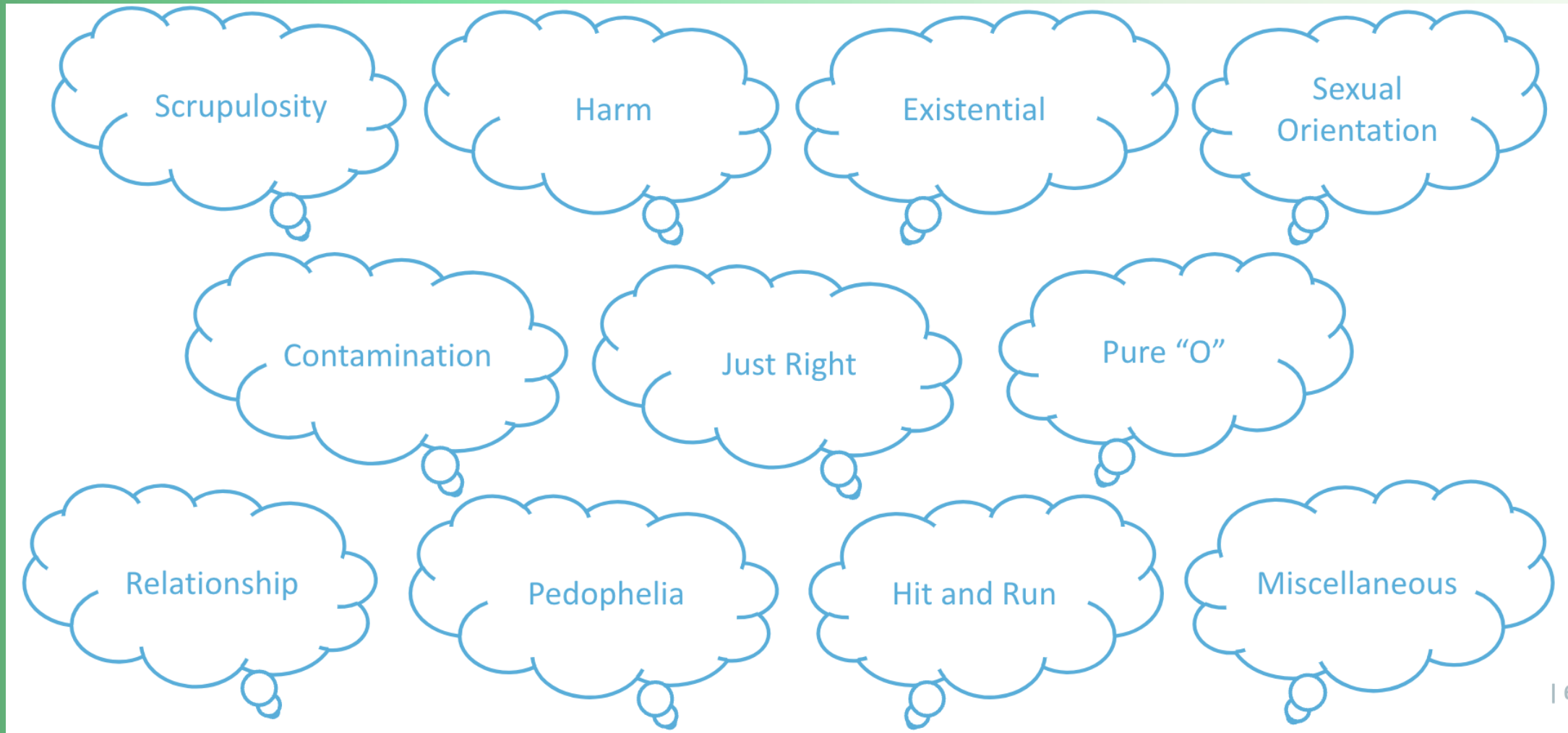
- Substance Use/Withdrawal Syndromes
  - Cocaine, methamphetamine, **caffeine** (including from “Energy” beverages), **nicotine** (withdrawal)
- Prescription Drug Side Effects
  - **Antiasthmatics**, sympathomimetics, steroids, **SSRIs**, antipsychotics (akathisia), haloperidol, pimozide, atypical antipsychotics
- Nonprescription Drug Side Effects
  - Diet pills, **antihistamines**, and cold medications



# Obsessive Compulsive Disorder

*Unwanted, intrusive thoughts and urges that trigger anxiety and distress*

# Many Faces of OCD



# Obsessive Compulsive Disorder



## *A. Obsessions, Compulsions or Both*

### **Obsessions:**

- Recurrent and persistent intrusive and unwanted thoughts, urges, or images
- Individual attempts to ignore, suppress, or neutralize (e.g., with compulsions)

### **Compulsions:**

- Repetitive behaviors that the individual feels driven to perform in response to an obsession, or ***according to rules***
- These behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event

# Obsessive Compulsive Disorder Cont'd

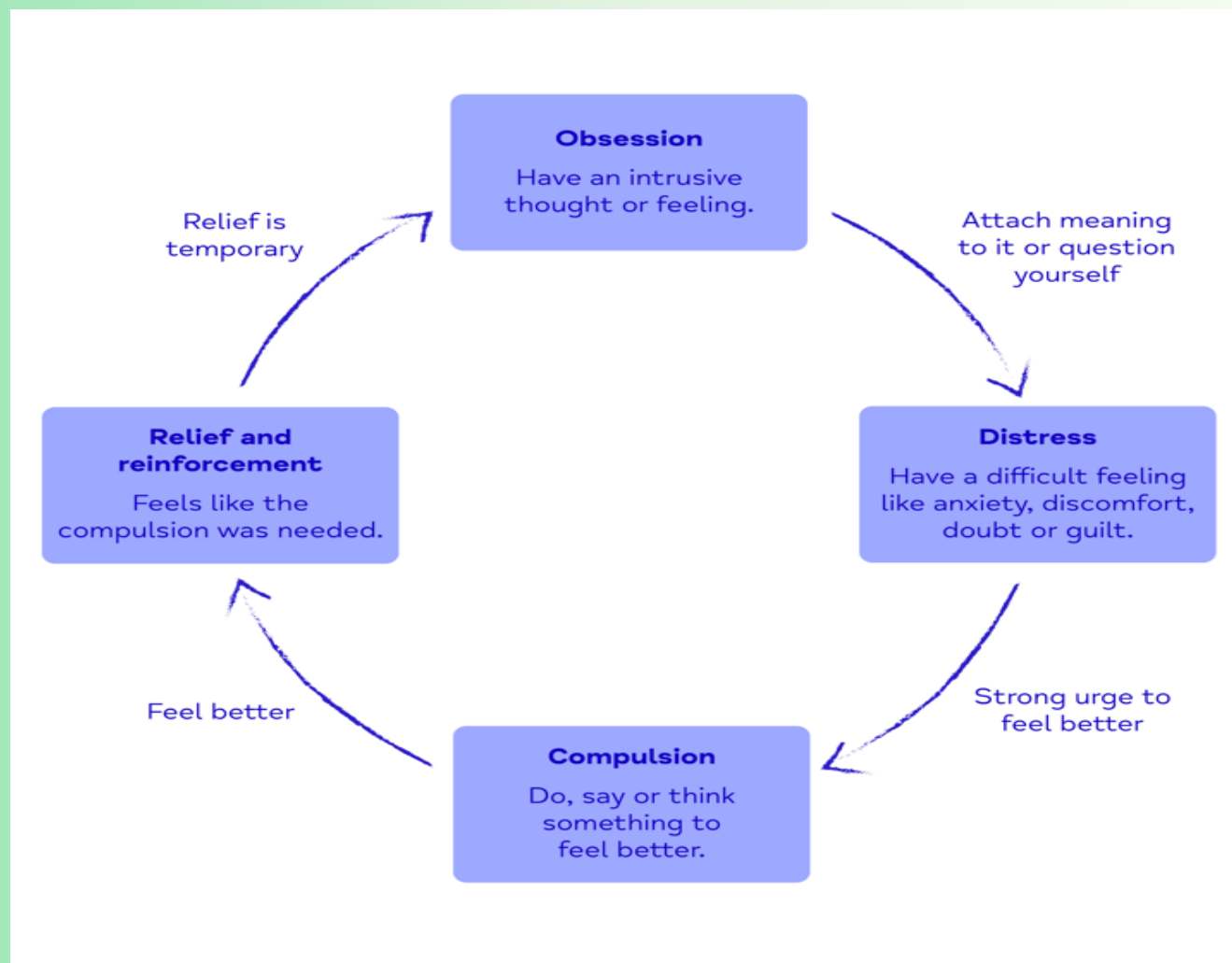


B. The obsessions or compulsions are ***time-consuming*** (e.g., take more than 1 hour per day) or cause clinically significant ***distress*** or ***impairment*** in social, occupational, or other important areas of functioning.



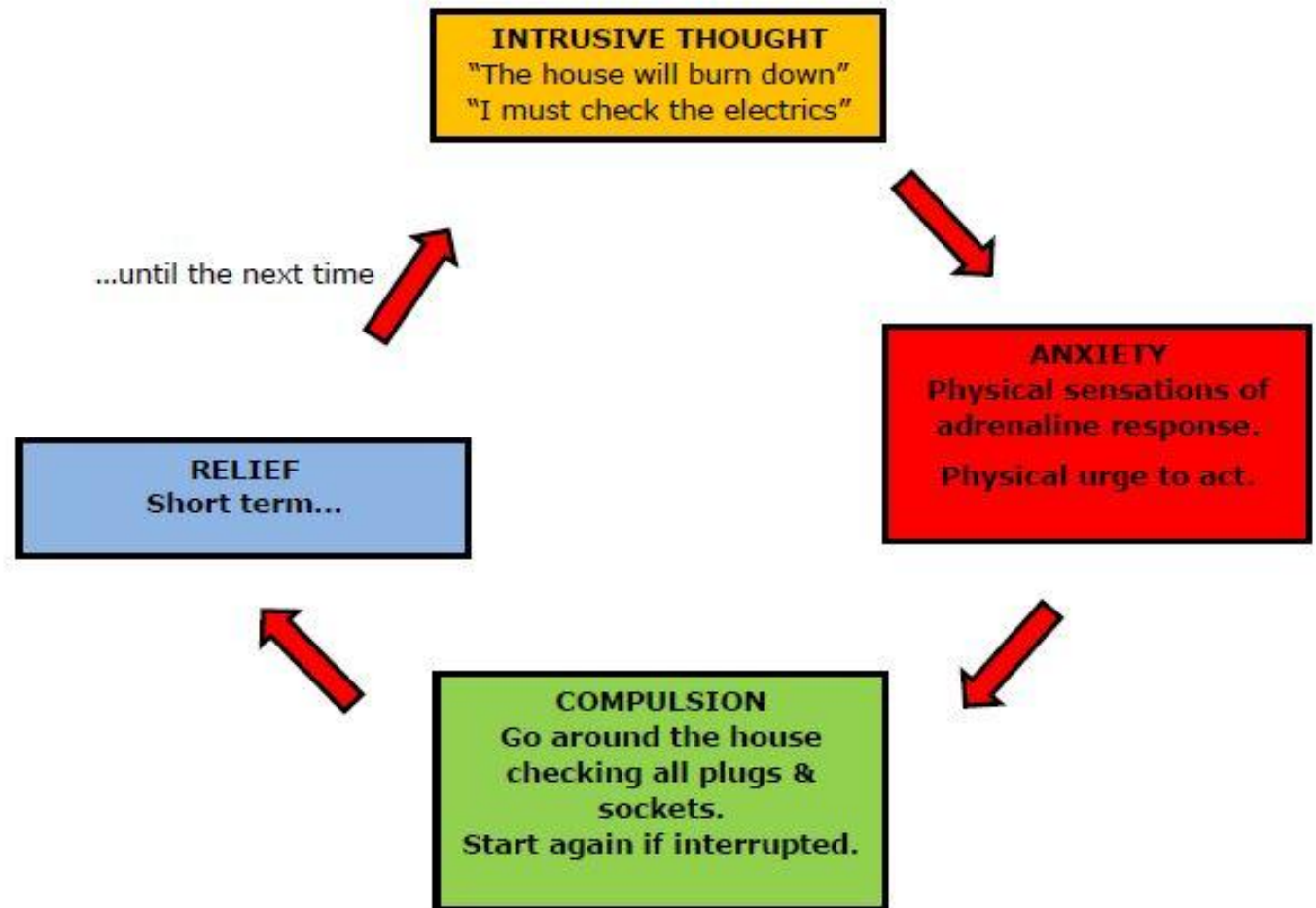
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# THE OCD CYCLE





# Obsessive Compulsive Disorder Cycle





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# Using Anxiety Screening Tools and Rating Scales



# Anxiety Assessment Instruments

- In primary care sensitivity to detecting cases is **low** (44.5%) whereas general practitioners' ability to correctly identify **noncases** as not having the disorder is **high** (specificity 90.8%) (Olariu et al, 2015)
- This is consistent with results for depression (sensitivity 50.1%; specificity 81.3%) Mitchell et al 2009
- The percentage of under recognition is even higher when diagnoses are unassisted by instrumentation, with a drop of almost 50% in sensitivity levels with respect to assisted diagnoses

# Anxiety Assessment Instruments



- 2-5 min
  - Patient Health Questionnaire-4 (PHQ-4)
  - Hospital Anxiety and Depression Scale (HADS) \*
- 5-10 min
  - Beck Anxiety Inventory (BAI) \*
  - Generalized Anxiety Disorder-7 (GAD-7) \*
  - State Trait Anxiety Inventory (STAI) \*
  - Mood and Anxiety Symptoms Question. (MASQ)
  - Anxiety Screening Question. (ASQ-15)
- 10-15 min
  - Anxiety Disorders Diagnostic Question. (ADDQ)
  - Zung Anxiety Scale \*
  - Penn State Worry Questionnaire
  - Adult Behavior Checklist/Adult Self Report

Rose & Devine (2014)



- Anxiety children, adolescents, & adults is **common**, **identifiable** and **treatable**
- There are risk in not treating
  - Distressing, Disruptive-Debilitating
- Doing nothing is **not** an option



**Thank you!**